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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	09/355,665
Filing Date	09/17/1999
First Named Inventor	Stig Bengmark
Title	Catheter For Providing A Fluid...
Art Unit	
Examiner Name	
Attorney Docket Number	150-253

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Steven S. Payne	35,316

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

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☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Steven S. Payne				
Address	Arator IP Law Group PLLC 1101 17th Street N.W. Suite 1005				
City	Washington	State	DC	Zip	20036
Country	USA				
Telephone	202-828-9299	Fax	202-828-9399		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

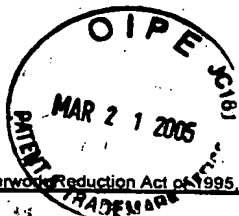
Signature	<i>Stig Bengmark</i>	Date	2005-02-05
Name	Stig Bengmark	Telephone	+46 42 352 630
Title and Company	Professor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/355,665
Filing Date	09/17/1999
First Named Inventor	Stig Bengmark
Art Unit	
Examiner Name	
Attorney Docket Number	150-253

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Steven S. Payne				
Address	Arator IP Law Group PLLC 1101 17th Street N.W. Suite 1005				
City	Washington	State	DC	Zip	20036
Country	USA				
Telephone	202-828-9299	Fax	202-828-9399		

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SIGNATURE of Applicant or Assignee of Record

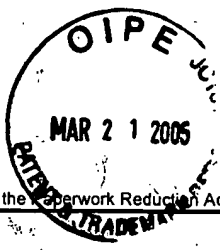
Signature			
Name	Stig Bengmark		
Date	2005-02-05	Telephone	4642 352630

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/92 (09-04)
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STEVEN S. PAYNE

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35,316

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202-828-9299

Telephone Number

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